

# How we can be possessed by a story that cannot be told

I want to tell you a story about a patient who shocked me.

When I was first starting out as a psychoanalyst, I rented a small consulting room in Hampstead, on a wide leafy street called Fitzjohns Avenue. It was near a number of well-known psychoanalytic clinics and a few minutes walk from the Freud Museum. At the south end of Fitzjohns Avenue, there is a large bronze statue of Freud.

My consulting room was quiet and spare. There was a desk just large enough for writing up notes and preparing my monthly bills, but no bookshelves or files – the room wasn't for reading or research. As in most consulting rooms, the couch wasn't a couch, but a firm single bed with a dark fitted cover. At the head of the bed was a goose-down cushion, and on top of that a white linen napkin that I changed between patients. The psychoanalyst who rented the room to me had hung one piece of African folk art on the walls many years

before. She still used the room in the mornings and I used it in the afternoons. For that reason it was impersonal, ascetic even.

I was working part-time at the Portman Clinic, a forensic outpatient service. In general, patients referred to the Portman had broken the law; some had committed violent or sexual crimes. I saw patients of all ages and I wrote quite a few court reports. At the same time, I was building up my private practice. My plan was to reserve my mornings for clinic work; in the afternoons I hoped to see private patients who had less extreme or pressing problems.

As it turned out, my first private patients were fairly demanding too. Looking back, I see many reasons why these first cases were difficult. Partly, there was my own inexperience. I think it takes time – it took me time – to realise just how very different people are from each other. And it probably didn't help that I'd received a number of referrals from senior psychiatrists and psychoanalysts trying to help me get started. Doctors often refer patients to junior analysts that they don't want to see themselves or can't place anywhere else. And so I was struggling with:

Miss A., a twenty-year-old undergraduate. Although the psychoanalyst who'd assessed her described Miss A. as 'suffering uncontrollable bouts of crying, depression and pervasive feelings of inadequacy', she presented as a cheerful young woman who insisted that she did not need treatment.

In time, however, I learned that she was bulimic and regularly, compulsively, cut herself. Because she had only attended her sessions sporadically, two other therapists had given up seeing her.

Professor B., a forty-year-old research scientist, married with two children. He'd recently been accused of plagiarising a rival's work. The vice chancellor had referred the matter to the disciplinary committee. If he was found guilty – and Professor B. told me it was likely that he would be – he might be given the chance to resign discreetly. His physician had put him on antidepressants and asked me to see him for psychoanalysis. Professor B. vacillated wildly between states of hectic triumph – mocking colleagues on the disciplinary committee, for example – and utter dejection.

Mrs C., who owned and operated a small restaurant with her husband; she was a mother of three. She wanted help because she felt anxious and suffered panic attacks. In our first meeting she said that she 'found it difficult to relate honestly', but it was only after several months of therapy that she told me that she was having an affair with her children's nanny, a woman who had been working for the family for the past seven years, since shortly after the birth of her first child. Now – contrary to an agreement with her husband – Mrs C. was secretly trying to get pregnant because she could not bear the thought of losing her nanny.

Another of my earliest patients was a young man named

Peter. He was undergoing treatment at a large psychiatric hospital nearby. Three months before we met, Peter hid in the cupboard of a local church, where he tried to kill himself by taking an overdose of various drugs and then slitting his wrists. He also stabbed himself in the neck, chest and arms with a small knife. He was discovered by a cleaner. Although she was frightened, the cleaner held him as they waited for the ambulance. ‘Who did this?’ she asked him. ‘Tell me, who did this to you?’

The consultant psychiatrist at the hospital asked me if I’d see Peter five times a week for psychoanalysis. She felt that daily therapy, together with a weekly meeting with her, was Peter’s best chance for recovery, for returning home to his fiancée and to his work.

Peter was twenty-seven and worked as a structural engineer. Before he was hospitalised, he and his fiancée had bought a one-bedroom flat outside London. He had been having difficulties at work and was anxious about money – but none of this seemed to explain his violent attack on himself. Part of my job, then, was to work with Peter to identify the causes of his suicide attempt – if we couldn’t understand the forces that had pushed him to attack himself, there was every reason to think it would happen again.

Peter was tall and lanky, but carried himself as some depressed people do, shoulders hunched forward, head down. His manner was depressed too – he spoke haltingly, with little

eye contact. Once positioned on the couch, he hardly ever moved.

Peter attended all of his sessions, and was almost never late. After several months, he left hospital and was able to return to his life. But increasingly, in our sessions, I felt him disappear to a place I couldn't find, let alone understand. 'You've been silent a long time – can you tell me what you've been thinking about?' I asked in one session.

'A holiday in Devon – when I was a child,' he replied.

There was a long pause. Could he tell me more? He replied that he wasn't thinking about anything in particular, he was just thinking about being alone.

I had the thought that he wanted to be away from me, on holiday from analysis, and told him so. 'Could be,' he replied.

It was as if Peter was trying to protect himself from my intrusiveness, as if he was complying with the conventions of analysis – being on time and answering my questions, for example – but in such a way as to prevent any meaningful connection developing between us. He seemed to have little faith in our talking.

But I did learn that Peter had a history of making friends and then turning on them. In his professional life too he'd quietly go about his work, then suddenly get into a row with his boss and quit. This had happened several times. I tried to use this information to show Peter that he seemed to have two psychological positions open to him – acquiescence or

blowing everything up. He seemed to agree, but I never felt this idea was meaningful to him. And soon this pattern was enacted in the analysis. Peter went from going along with me to mocking me. After one particularly tumultuous week, Peter stopped coming to his sessions. I wrote to him, proposing that he talk to me about his decision to end his treatment, but I received no reply.

I contacted the psychiatrist, who told me that Peter had stopped seeing her too.

Two months later, a letter arrived from Peter's fiancée, informing me that he had taken his own life. She explained that, during the month leading up to his death, Peter had grown increasingly disturbed and withdrawn. The family had held a funeral at West London Crematorium the week before. She wrote that she was grateful for my attempts to help him. I sent a letter of condolence to her, and then informed Peter's psychiatrist.

I'd known that Peter was a high-risk patient. When I took him on, I'd enlisted the help of a supervisor, an experienced psychoanalyst who'd written a book on suicide. He had repeatedly pointed out to me the many ways in which Peter seemed to idealise death. Now I went to see him again, anxious that there was something I'd missed. My supervisor tried to reassure me. 'Who knows?' he said. 'Being in analysis with you might have *kept* him from suicide for the past year.' Still, Peter's death disturbed me greatly. Of course, I knew that we all have

the capacity to act in self-destructive ways, nevertheless I had a kind of faith that the desire to live was more powerful. Now, instead, I felt its fragility. Peter's suicide made me feel that the battle between the forces of life and death was far more evenly pitched.

Six months later, I received a message on my answering machine. I heard the unmistakable sounds of a public telephone – the pips, the coins falling – and then Peter's voice: 'It's me. I'm not dead. I was wondering if I could come and talk to you. I'm at my old number.'

The instant I heard Peter's voice, I felt faint, confused. For a moment I persuaded myself that the answering machine was malfunctioning, that I was listening to a very old message from Peter that had never been erased. And then I laughed – out of anger, out of relief. And because I was stunned.

That evening, when I wrote to the consultant psychiatrist to tell her that Peter wasn't dead, I did what many people do when they're angry: I made a joke. 'Unless there are payphones in hell,' I wrote, 'Peter is still alive. He left a message on my answering machine earlier today, asking for an appointment.'

Peter came to see me the following week. In a matter-of-fact way, he told me that he, not his fiancée, had written to inform me of his death. He'd also intercepted my condolence note. 'It was touching,' he said.

'Oh that *is* interesting,' my supervisor said. 'It's surprising

this doesn't happen more often. When you think of all those adolescents who say "you'll be sorry when I kill myself" – you'd think more of them would fake it.' We decided that I should only take Peter on again if I felt he was really prepared to make a serious commitment.

After several meetings, Peter and I agreed to resume his sessions. Ultimately, his disappearance and return proved helpful, because it clarified something that we had never understood: his need to shock others.

In the sessions that followed it slowly became clear that Peter enjoyed thinking about the distress he caused when he suddenly quit work or ended a friendship. He'd blown up the analysis twice – first when he quit and then, a second time, when he faked his suicide. In the first phase of his analysis, I hadn't realised just how attached Peter was to violently upsetting others. But why?

Peter's parents had divorced when he was two and his mother had remarried soon after. During this second phase of his analysis, Peter sought out his biological father and spoke frankly with his mother. He discovered that his mother had been having an affair with the man who became his stepfather, and that his father and mother both drank heavily. He also discovered that the first two years of his life were very different from the story he'd been told. His mother and father both admitted that they couldn't cope and had been violent with him when he was a baby.



Peter told me that his dad didn't remember much, just that it was a terrible, unhappy time, an unhappy marriage. 'My mother cried, she kept saying that she was sorry,' Peter said. 'She was only twenty when I was born and no one was there to help her. She said that sometimes she felt she was just going crazy.'

Her confession gave Peter some relief. For as long as he could remember, he had felt afraid. He told me that it helped to know that he was frightened of *something*. For a small child, violence is an overwhelming, uncontrollable and terrifying experience – and its emotional effects can endure for a lifetime. The trauma becomes internalised, it's what takes hold of us in the absence of another's empathy. So why did Peter turn on those close to him?

Peter's behaviour made it clear that he couldn't allow himself to feel weak. Dependence for him was dangerous. Peter's story might be summed up as, 'I'm the attacker who traumatises, never the baby who is hurt.' But Peter also felt bound to turn on himself. When Peter assaulted himself in the church, he enacted this same story. As he told me, 'I thought – you pathetic little crybaby. I can do this to you and you can't stop me.'

I believe that all of us try to make sense of our lives by telling our stories, but Peter was possessed by a story that he couldn't tell. Not having the words, he expressed himself by other means. Over time I learned that Peter's behaviour was

the language he used to speak to me. Peter told his story by making me feel what it was like to be him, of the anger, confusion and shock that he must have felt as a child.

The author Karen Blixen said, 'All sorrows can be borne if you put them into a story or tell a story about them.' But what if a person can't tell a story about his sorrows? What if his story tells him?

Experience has taught me that our childhoods leave in us stories like this – stories we never found a way to voice, because no one helped us to find the words. When we cannot find a way of telling our story, our story tells us – we dream these stories, we develop symptoms, or we find ourselves acting in ways we don't understand.

Two years after Peter left his message on my answering machine, we agreed to stop his psychoanalysis. I thought there was more work to do, but he felt that it was time.

All of this happened many years ago. Since then Peter hasn't asked to meet again, but I did run into him recently, at the cinema. We recognised each other across the lobby. Peter said something to the woman he was standing with and they walked over. He extended his hand and then he introduced me to his wife.

## On laughter

Monday, the first day after the Easter break – it was warm, bright. I opened the windows in my consulting room a little and then went out to get my last patient of the morning. Lily stood up as soon as she heard me. ‘It’s such a relief to be back here,’ she said. ‘I had a crazy time at home.’

Lily had just returned from a trip to New York to visit her parents with her nine-month-old daughter, Alice. The flight from London had been terrible. After navigating her way through the New York airport with Alice and all of their belongings, she found her mother standing outside on the sidewalk. ‘She hugged me the way she always does,’ Lily said. ‘She closes her eyes and pats my back – as if I have fleas.’

Her mother opened the car door and Monty, her slobbering fifty-pound golden retriever, jumped out. ‘He pushes his nose into my jeans, which is sort of embarrassing. And I’m wondering why she’s brought a dog to the airport – it’s not like they have a

station wagon. My mom says, “I thought this would be a good way to introduce them to each other.” So Alice is in her car seat in the back, I’m next to her, and Monty is up front, riding shotgun.’

Throughout the visit, neither of Lily’s parents showed much interest in her life. They left their two televisions blaring and ate their meals crammed around the kitchen counter. Her father often ate with his laptop propped open next to his plate.

‘On my last night, after three glasses of wine, I tell my parents that when I get back to London I’m going to send them a thousand photos of Alice. You have to understand, there are photos in every room of the house. There’s a whole flotilla of photos on the grand piano, but nowhere is there a single photo of their first grandchild.

‘And my mom says, “Oh my gosh, didn’t you see it? It’s my favourite!” And she goes into the bedroom, rummages around in the dresser, and pulls out a picture of Alice. She smiles and says, “Aww, I love that picture.” Then my dad says, “Aww, I love that picture.” And then I say, “Aww, I love it too.” But I’m thinking: what the fuck? Does she think I have X-ray eyes?’

I stifled a laugh.

Lily was quiet for a moment. ‘My last night there I had a strange dream. It was a nightmare actually. What happened was upsetting, but I didn’t feel upset.’

In the dream, Lily was in a group of people standing by a lake. She watched a small girl swim out to a wooden raft – the girl struggled but was able to make it and to pull herself up.

There was a flash of lightning and a clap of thunder. The girl was in danger, but no one was concerned – where was the little girl’s mother, her father? Lily asked her parents to watch Alice and she swam out to the girl. The lake was black and choppy; it was a struggle to keep the girl’s head above water. When they got back on to the shore, Lily lifted the girl out of the water, and then saw that her parents were standing there alone – Alice was nowhere to be seen.

Lily was sure that the last bit – *Alice was nowhere to be seen* – must have been about the tucked-away photograph. But what about the rest of it?

‘Does the dream remind you of anything?’ I asked.

It reminded her of the lake near her old boarding school. Every autumn, one or two of the new students were tossed in the lake by some of the older boys. The boys tended to pick the cockiest boys and the prettiest girls. Those first weeks at boarding school – when she was so homesick – she was kind of pleased to be chosen.

In the weeks that followed, some of the older girls in her dorm sought her out. They teased her about sex and tried to persuade her to visit one of the senior boys in his room. Lily was fourteen and had never kissed a boy.

One evening, after dinner, a senior girl took her into the toilets and taught her how to make herself sick by sticking her fingers down her throat. ‘It’s like giving head, just open up and take it in,’ the girl told her.

Boarding school got more and more overwhelming. Lily consoled herself with the thought that she was bright and would do well, that in the next year or two she'd get a boyfriend, fall in love – everything would work out. But it wasn't happening like that. Lily had trouble eating and sleeping. She never missed a class, but she felt increasingly frantic. 'I didn't get depressed; I just went faster and faster. The wheels started to come off the bus – I couldn't keep my head above water.'

'So the girl in the dream is you,' I said.

'But if that's me, how can I look after Alice?'

'That may be what the dream is about.'

Lily admitted that she *had* found it difficult to stay focused on Alice when she was with her parents. During her stay she'd regressed – she'd felt less and less like her grown-up self, less and less like the mother she was. 'It was like, you know, where the kidnap victim forgets the outside world and starts to think like their captor? Stockholm syndrome.'

It occurred me that Lily was reworking her visit home into a series of comic bits. At every turn in the narrative, just when I expected her to tell me that she'd felt hurt or upset, I got a punchline – 'as if I have fleas'; 'does she think I have X-ray eyes?'

From the pavement outside, through the open window, came the sound of children shouting and giggling on their way to a nearby playground. As Lily and I waited for the children to pass, I found myself thinking about the word punchline – its violence is so out in the open. Was it from Punch and Judy?

A few months earlier, just before Christmas, one of the local shops had hired a Punch and Judy puppet show. My children and I stood and watched the show: Judy went out, leaving Mr Punch at home to look after the baby. As always, the chaotic Mr Punch forgot about the baby, sat on the baby, even eventually bit the baby. Judy returned, the stick was fetched and the knock-out began. I was freezing and wanted to go home; my children were captivated. We stayed till the end.

‘One of the problems with your joking is that we can feel as if we’ve talked about something that troubles you – your arrival at the airport, Alice’s photo being kept in the dresser – and we *have* talked about it, but it hasn’t really been dealt with,’ I said.

‘If I didn’t laugh about their stuff, I’d be angry most of the time.’

‘Your jokes are aggressive, you get your revenge, and you feel a bit better. Your humour seems to work: you don’t hurt so much afterwards. But you also seem to lose the drive to better understand the situation.’

‘My jokes defuse my anger, but they defuse it to the point that I just accept my parents’ behaviour. I stop thinking about it.’

‘Exactly,’ I said.

Lily paused and then said she wasn’t so sure. She *did* think about the situation with her parents – it *was* a nightmare. But there wasn’t anything that could be done.

The word nightmare reminded me of her dream. I told her I was struck by the thing she'd said just before describing it – 'it was a nightmare, what happened was upsetting, but I didn't feel upset.'

I said, 'The aim of the dream might have been to reassure yourself that you can be in a nightmare and yet not feel it. Not just keep your head above water, but numb yourself to your parents' lack of concern.'

'Can you imagine what would happen if I *didn't* numb myself?' she asked. 'If my parents knew what I thought, it'd be the end of what remains of our relationship. I don't have the skill to discuss with them the things that bother me. It'd all go wrong. My mom would deny that she was doing anything aggressive – she'd say, "It's just a photo, honey."' Her voice trailed off. 'It works, Mr Grosz – it works.'

Early in her psychoanalysis, I'd noticed that Lily's voice went up at the end of sentences, even when she wasn't asking a question. This inflection put pressure on me to speak. At the time, we figured out that this was because my silences made her uneasy. She wanted me to speak, so as to hear in my voice if I agreed with her or not.

I told Lily that I thought she might want me to laugh for similar reasons. My laughter meant that we were in agreement – that we were the good guys, and her parents the bad guys. My laughter absolved her of guilt – she didn't have to feel bad about making fun of her parents.



She told me it *was* a relief when I laughed, and then she was silent. Neither of us spoke for some time. I began to assume that Lily had looked at her wristwatch and decided, as there were only a few moments left, to stop for the day. I felt she'd left the room.

And then she said, 'I was remembering my breakdown at boarding school, the experience of calling home in the middle of the night from a payphone behind the dorm, the bugs buzzing around the fluorescent light. I was crying hysterically, "Please can I come home, please can I come home?" and being told, "No, you can't come home." Then, as things got worse and worse and worse, I forced myself to stay. But something had changed in me. My breakdown was like a furnace and what was burned away was any belief in my own feelings.'

As I listened to her memory, I also heard her dream, *the girl was in danger, but no one was concerned - where was the little girl's mother, her father?*

She went on, 'Even now it's very hard for me to trust my feelings. But when you laugh it means you believe my feelings, my reality. When you laugh, I know that you see things exactly the way I do - that you wouldn't have said no, you'd have let me come home.'

## How praise can cause a loss of confidence

Rounding the corner into the nursery school classroom to collect my daughter, I overheard the nursery assistant tell her, 'You've drawn the most beautiful tree. Well done.' A few days later, she pointed to another of my daughter's drawings and remarked, 'Wow, you really are an artist!'

On both occasions, I found myself at a loss. How could I explain to the nursery assistant that I would prefer it if she didn't praise my daughter?

Nowadays, we lavish praise on our children. Praise, self-confidence and academic performance, it is commonly believed, rise and fall together. But current research suggests otherwise – over the past decade, a number of studies on self-esteem have come to the conclusion that praising a child as 'clever' may not help her at school. In fact, it might cause her to underperform. Often a child will react to praise by quitting – why make a new drawing if you have already made 'the best'? Or a child

may simply repeat the same work – why draw something new, or in a new way, if the old way always gets applause?

In a now famous 1998 study of children aged ten and eleven, psychologists Carol Dweck and Claudia Mueller asked 128 children to solve a series of mathematical problems. After completing the first set of simple exercises, the researchers gave each child just one sentence of praise. Some were praised for their intellect – ‘You did really well, you’re so clever’; others for their hard work – ‘You did really well, you must have tried really hard.’ Then the researchers had the children try a more challenging set of problems. The results were dramatic. The students who were praised for their effort showed a greater willingness to work out new approaches. They also showed more resilience and tended to attribute their failures to insufficient effort, not to a lack of intelligence. The children who had been praised for their cleverness worried more about failure, tended to choose tasks that confirmed what they already knew, and displayed less tenacity when the problems got harder. Ultimately, the thrill created by being told ‘You’re so clever’ gave way to an increase in anxiety and a drop in self-esteem, motivation and performance. When asked by the researchers to write to children in another school, recounting their experience, some of the ‘clever’ children lied, inflating their scores. In short, all it took to knock these youngsters’ confidence, to make them so unhappy that they lied, was one sentence of praise.

Why are we so committed to praising our children?

In part, we do it to demonstrate that we're different from our parents. In *Making Babies*, a memoir about becoming a mother, Anne Enright observes, 'In the old days – as we call the 1970s, in Ireland – a mother would dispraise her child automatically . . . "She's a monkey," a mother might say, or "Street angel, home devil," or even my favourite, "She'll have me in an early grave." It was all part of growing up in a country where praise of any sort was taboo.' Of course, this wasn't the case in Ireland alone. Recently, a middle-aged Londoner told me, 'My mum called me things I'd never call my kids – too clever by half, cheeky, precocious and show-off. Forty years on, I want to shout at my mum, "What's so terrible about showing off?"'

Now, wherever there are small children – at the local playground, at Starbucks and at nursery school – you will hear the background music of praise: 'Good boy,' 'Good girl,' 'You're the best.' Admiring our children may temporarily lift our self-esteem by signalling to those around us what fantastic parents we are and what terrific kids we have – but it isn't doing much for a child's sense of self. In trying so hard to be different from our parents, we're actually doing much the same thing – doling out empty praise the way an earlier generation doled out thoughtless criticism. If we do it to avoid thinking about our child and her world, and about what our child feels, then praise, just like criticism, is ultimately expressing our indifference.

Which brings me back to the original problem – if praise doesn't build a child's confidence, what does?

Shortly after qualifying as a psychoanalyst, I discussed all this with an eighty-year-old woman named Charlotte Stiglitz. Charlotte – the mother of the Nobel Prize-winning economist Joseph Stiglitz – taught remedial reading in northwestern Indiana for many years. 'I don't praise a small child for doing what they ought to be able to do,' she told me. 'I praise them when they do something really difficult – like sharing a toy or showing patience. I also think it is important to say "thank you". When I'm slow in getting a snack for a child, or slow to help them and they have been patient, I thank them. But I wouldn't praise a child who is playing or reading.' No great rewards, no terrible punishments – Charlotte's focus was on what a child did and how that child did it.

I once watched Charlotte with a four-year-old boy, who was drawing. When he stopped and looked up at her – perhaps expecting praise – she smiled and said, 'There is a lot of blue in your picture.' He replied, 'It's the pond near my grandmother's house – there is a bridge.' He picked up a brown crayon, and said, 'I'll show you.' Unhurried, she talked to the child, but more importantly she observed, she listened. She was present.

Being present builds a child's confidence because it lets the child know that she is worth thinking about. Without this, a child might come to believe that her activity is just a means

to gain praise, rather than an end in itself. How can we expect a child to be attentive, if we've not been attentive to her?

Being present, whether with children, with friends, or even with oneself, is always hard work. But isn't this attentiveness – the feeling that someone is trying to think about us – something we want more than praise?

## The gift of pain

Mr N. rang me one day in early June because several weeks earlier his twenty-one-year-old son, Matt, had pointed an unloaded starter's pistol at a police officer who was trying to arrest him for disorderly conduct. Matt was now out on bail for a serious firearms offence and he was continuing to act recklessly. In violation of the conditions of his bail, he was staying out late drinking with friends, sometimes not coming home for days. He was getting into fights. His parents, who both worked as teachers, were beginning to accept the fact that Matt would probably go to prison.

Matt's parents had adopted him when he was two years old. Matt's father told me what he knew of Matt's early life: shortly after his birth, Matt and his seventeen-year-old birth mother had left her parents' home, moving first to an emergency shelter and then from place to place. His birth mother, a drug user, was incapable of caring for a baby. Malnourished

and ill, Matt was taken into care when he was a year old. He had spent time in several different foster homes before being adopted by Mr N. and his wife. From early on, he had proven to be a difficult and uncompromising child, and, as a result, his parents had decided not to adopt again.

Several days later, Matt came to see me for a consultation. He flopped into a chair facing me, and began to talk quite openly about some of the problems he faced. He told me about two men, brothers, who lived in his neighbourhood and were out to get him – these men were dangerous and had stabbed someone he knew. Matt's situation was alarming but, as he talked, I began to notice that I didn't feel particularly alarmed. Nothing seemed to be missing from his words; his speech was energetic and clear. But I found it difficult to get involved in his story. I was easily distracted by the sounds of cars outside my consulting room and caught myself thinking about some errands I wanted to run at lunchtime. In fact, every attempt I made to think about Matt's story, to take note of his words, was like trying to run uphill in a dream.

This sort of gap between what a person says and what he makes you feel is not uncommon – think of the friend who rings you when you're down, talks to you in an encouraging, supportive way, but leaves you feeling worse. The space between Matt's words and the feelings he provoked in me was enormous. He was describing a life that was frightening, but



I didn't feel frightened for him. I felt uncharacteristically disengaged.

In trying to comprehend my indifference to Matt and his situation, I imagined a series of scenes from his earliest months. I saw a small baby crying – I'm hungry, feed me; I'm wet, change me; I'm frightened, hold me – and being ignored by an unresponsive mother. I had the idea that one consequence of Matt's early experiences could be that he did not know how to make someone feel concern for him, because he did not learn this from his mother. He seemed never to have acquired a skill that we all need: the ability to make another person worry about us.

And what did Matt feel? He too seemed indifferent to his own situation. When I asked him what he felt about his arrest by the police he replied, 'I'm cool. Why?' I tried again. 'You don't seem to be very anxious for yourself,' I said. 'You could have been shot.' He shrugged.

I began to realise that Matt did not register his own emotions. In the course of our two-hour conversation, he seemed either to pick up and employ my descriptions of his feelings or to infer his emotions from the behaviour of others. For example, he said he didn't know why he had pointed the gun at the police officer. I suggested he might have been angry. 'Yeah, I was angry,' Matt replied. 'What did you feel when you were angry?' I asked. 'You know, the police, they were very angry with me. My parents were very angry with

me. Everyone was very angry with me,' he replied. 'But what did you feel?' I asked. 'They were all really shouting at me,' he told me.

Typically, what brings a potential patient to a consultation is the pressure of his immediate suffering. In this case it was Matt's father, not Matt, who had telephoned for an appointment. Matt had learned at an early age to deaden his feelings and to distrust those who offered him help. Our encounter was no different. Matt did not feel enough emotional pain to overcome his suspicions and accept my offer to meet again.

In 1946, while working in a leprosy sanatorium, the physician Paul Brand discovered that the deformities of leprosy were not an intrinsic part of the disease, but rather a consequence of the progressive devastation of infection and injury, which occurred because the patient was unable to feel pain. In 1972, he wrote: 'If I had one gift which I could give to people with leprosy, it would be the gift of pain.' Matt suffered from a kind of psychological leprosy; unable to feel his emotional pain, he was forever in danger of permanently, maybe fatally, damaging himself.

After Matt left my office and before writing up my notes, I did what I sometimes do after a knotty, affecting consultation. I walked round the corner to buy a takeaway coffee and then returned to my consulting room to zone out by reading who knows what on the Internet. The truth of the matter is this:

there is a bit of Matt in each of us. At one time or another, we all try to silence painful emotions. But when we succeed in feeling nothing we lose the only means we have of knowing what hurts us, and why.